

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is  
submitted between December 1 and January 31.

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 2/19/98

LEG

1980500

1. NAME HEDGEPEITH SITERRILL MARTIN  
Last First MI

2. BUSINESS PHONE 504-667-5000

Area Code and Phone Number

\*\*MAILING\*\* P O BOX DENHAM SPRINGS, LA 70727

3. BUSINESS ADDRESS 2720-B SO. RANGE AVE DENHAM PRINGS, LA 70726  
Street and No. City State Zip

4. EMPLOYER PROFESSIONAL INSURANCE AGENTS OF LOUISIANA

5. EMPLOYER'S ADDRESS 10925 PERKINS ROAD SUITE D BATON ROUGE, LA 70810  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Hand  
Delivered

ATTACHMENT D-18

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

State of LOUISIANA  
Parish of LIVINGSTON

Before me, the undersigned authority, personally came and appeared SHERILL MARTIN-BRIDGEWORTH who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Sherill M. Bridgeworth  
Signature of Lobbyist

Sworn to and subscribed before me on this 19th day of

February 1998

James D. Bunch  
Notary Public

Rev. 8/97

